CLAIMS ONLY

Application Number	Filing Date
16/657522	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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96						
97						
98						
99						
100						
Total Indep	2					
Total Depend	32					
Total Claims	34					